

Relative Foster Care Placement Agreement

Child(ren) Name(s):

Date of Birth:

Relative Foster Parent(s) Name(s):

Relationship to Child(ren):

Address:

Phone Number:

Caseworker Name:

Agency/Department:

Contact Information:

Placement Agreement Terms

Expectations	Details
Care and Supervision	
Medical and Educational Decisions	
Communication With Agency	
Visitation Arrangements	
Financial Support	
Terms of Placement	

Signatures

Relative Foster Parent(s) Signature:

Date:

Caseworker Signature:

Date:
